

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 30, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Super C, 3202 South 10th Street and 3400 Village Drive both holders of class B liquor licenses. These locations have requested the liquor licenses be upgraded to class D liquor license.

Joel Larson will be the manager of these liquor licenses. Background information will be omitted as Mr. Larson was previously approved as a manager for Super C.

Joel Larson is current on the required training.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

RECEIVED

SEP 19 2000

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

NEBRASKA LIQUOR
CONTROL COMMISSION

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input checked="" type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name John Hergent Phone number: 402-436-2100
Firm Name Hergent Co.

PREMISE INFORMATION**RECEIVED**Trade Name (doing business as) Super C # 2Street Address #1 3202 South 10th St

SEP 19 2008

Street Address #2 _____

City LincolnCounty LancasterNEBRASKA LIQUOR
CONTROL COMMISSION
Zip Code 68502Premise Telephone number 402-436-2102

Is this location inside the city/village corporate limits:



YES



NO

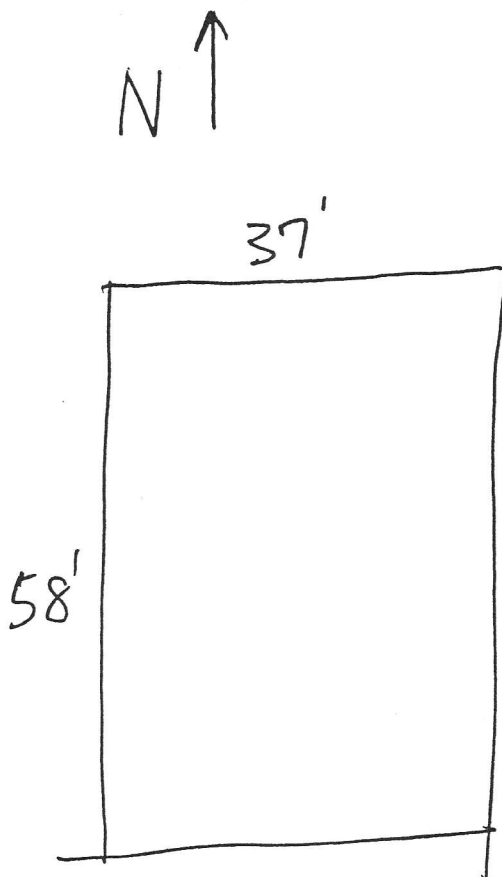
Mail address (where you want receipt of mail from the commission)

Name Hergent Oil Co / Super CStreet Address #1 6221 South 58th St Suite 'B'

Street Address #2 _____

City LincolnCounty LancasterZip Code 68516**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



- single story
- no basement

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

DANIEL R. HERGERT :

FEB. 1973 D.U.I. Lincoln, Ne. probation

APRIL 1974 Being in a place where a controlled substance was being used. Lincoln, Ne.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number _____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☒ NO

If yes, list the lender _____

Union Bank & Trust Lincoln Ne

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. _____

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Union Bank & Trust Lincoln NE

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Hergert Co 3102 So 14th St # 26064 Class B / 3400 Village Dr Lincoln NE 68516 # 26058 Class B

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. ~~Patricia Brown~~ JOEL CARSON 50 Hrs

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. NACS T.A.M. Program / Responsible Hospitality Council Mgt Training

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date

☒ Deed

☐ Purchase Agreement

15. When do you intend to open for business? ~~At~~ Already Open

16. What will be the main nature of business? CONVENIENCE STORE

17. What are the anticipated hours of operation? 24 Hours

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

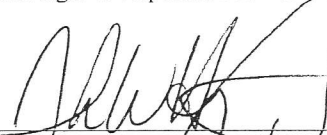
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
John Hergert 2540 Stockwell St Lincoln NE	1995	Present	Maureen Hergert 2540 Stockwell St Lincoln NE	1995	Present

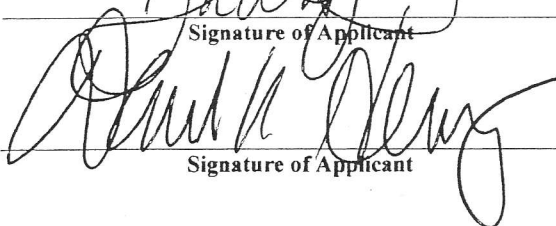
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will operate in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

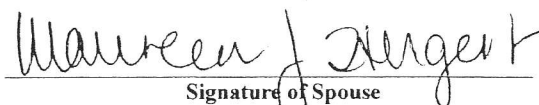
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company) all partners, members, and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

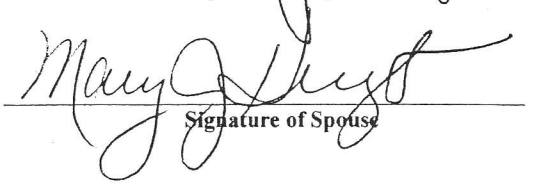
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NEBRASKA LIQUOR
CONTROL COMMISSION



Signature of Applicant


Signature of Applicant



Signature of Spouse


Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

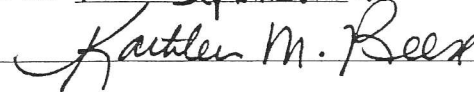
Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

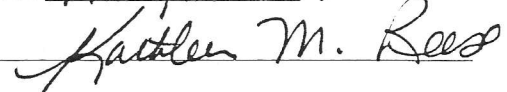
The foregoing instrument was acknowledged before me this 17th September by



Notary Public signature

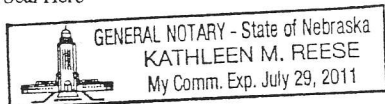
County of Lancaster

The foregoing instrument was acknowledged before me this 17th September by

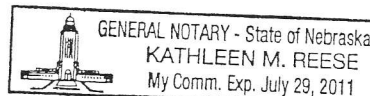


Notary Public signature

Affix Seal Here



Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Daniel R. Hergert

Name of Corporation that will hold license as listed on the Articles

Hergert Oil Co.

Corporation Address: 6221 South 58th St. Suite B

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: 402-436-2100 Fax Number: 402-436-2119

Total Number of Corporation Shares Issued: 42

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Hergert First Name: John MI: W

Home Address: 2540 Stockwell St City: Lincoln

State: NE Zip Code: 68507 Home Phone Number: 402-423-6644

[Signature]
Signature of president

State of Nebraska
County of Lincoln

The foregoing instrument was acknowledged before me this

9-16-08

by

Daniel R. Hergert
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal Here



DANIEL R. HERGERT
MY COMMISSION EXPIRES
May 22, 2012

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: HERGERT First Name: JOHN MI: W
Social Security Number: _____ Date of Birth: _____
Title: PRESIDENT Number of Shares 21
Spouse Full Name (indicate N/A if single): MAUREEN JOELLE HERGERT
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: HERGERT First Name: Daniel MI: R
Social Security Number: _____ Date of Birth: _____
Title: C.E.O. Number of Shares 21
Spouse Full Name (indicate N/A if single): Mary Josephine Hergert
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: JANUARY Ending Date: DECEMBER

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Hergert Oil Co

Premise information

Premise License Number: (Existing License # 20004)


Premise Trade Name/DBA: SUPER C #2

Premise Street Address: 3202 South 10th St.

City: Lincoln State: NEBRASKA Zip Code: 68502

Premise Phone Number: 402-436-2102

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.


CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: ☒ MALE ☐ FEMALE

Last Name: LARSON First Name: JOEL NEBRASKA LIQUOR CONTROL COMMISSION MI: B

Home Address (include PO Box if applicable): 2523 ARLENE AVE

City: LINCOLN State: NE Zip Code: 68502

Home Phone Number: 402-261-5586 Business Phone Number: 402-436-2102

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: BRITTON, SD

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: MACHADO-LARSON First Name: JESSICA
MI: L

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: LINCOLN, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
LINCOLN, NE		1993 Present	Lincoln, NE		1977 Present

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1996 Present	Hergert Oil Co.	Dan Hergert	436-2100
1993 1997	Mail Boxes Etc.	Keith + Lee Bane	464-9100

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

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NEBRASKA LIQUOR
CONTROL COMMISSION

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pleaded guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise. *Super C*

☒ YES

☐ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

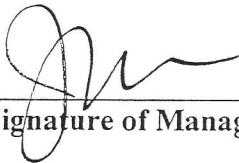
☐ NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

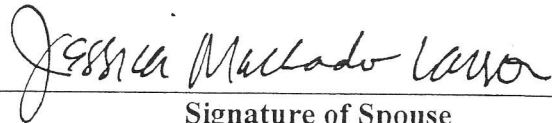
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant



Signature of Spouse

State of Nebraska

County of

Lancaster

County of

Lancaster

The foregoing instrument was acknowledged before me this 9-15-08 by

Daniel R. Hergert
[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this 9-15-08 by

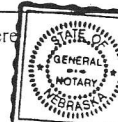
Daniel R. Hergert
[Signature]
Notary Public signature

Affix Seal Here



DANIEL R. HERGERT
MY COMMISSION EXPIRES
May 22, 2012

Affix Seal Here



DANIEL R. HERGERT
MY COMMISSION EXPIRES
May 22, 2012

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

03/05/2008

LINCOLN, NEBRASKA

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MAR 26 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED

STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA—DEPARTMENT OF HEALTH Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH 128 — 77 16168

CHILD—NAME 1. Jessica Leigh Krivda			DATE OF BIRTH (MONTH, DAY, YEAR) 2. 77 16168		HOUR 3. 3:53 AM
SEX 4. Female	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 5a. Twin		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 5b. Second		COUNTY OF BIRTH 6. Lancaster
CITY, TOWN, OR LOCATION OF BIRTH 7a. Lincoln		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 8. Lincoln General Hospital		
MOTHER—MAIDEN NAME 9a. Candice Katherine Snell			AGE (AT TIME OF THIS BIRTH) 9b. 23	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 9c. Nebraska	
RESIDENCE—STATE 10a. Nebraska	COUNTY 10b. Lancaster	CITY, TOWN, OR LOCATION, ZIP CODE 10c. Lincoln 68522	INSIDE CITY LIMITS (SPECIFY YES OR NO) 10d. Yes	STREET AND NUMBER 10e. 125 W "D" Lot # 20	
FATHER—NAME 11a. Michael Edward Krivda			AGE (AT TIME OF THIS BIRTH) 11b. 21	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 11c. Ohio	
INFORMANT—NAME OR SIGNATURE 12a. Mrs. Candice Krivda			DATE SIGNED (MONTH, DAY, YEAR)		RELATION TO CHILD 12b. Mother
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			13a. SIGNATURE <i>[Signature]</i>		13b. M.D. M.D.
CERTIFIER—NAME (TYPE OR PRINT) 14a. L. Palmer Johnson M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 14b. Lincoln, Nebraska		DATE RECEIVED BY LOCAL REGISTRAR MONTH 15. AUG 26 1977
REGISTRAR—SIGNATURE 16a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL REGISTRAR MONTH 16b. AUG 26 1977		

71-002048

140-

STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

10554

DATE OF BIRTH (JULY, AUG., SEPT., OCT., NOV., DEC.)		COUNTY OF BIRTH	
JAN. 1971		Marshall	
NAME OF CHILD (LAST, FIRST, MIDDLE)			
Larson			
SEX	DATE OF BIRTH (JULY, AUG., SEPT., OCT., NOV., DEC.)	TIME OF BIRTH (HOUR, MINUTE)	PLACE OF BIRTH (HOSPITAL, HOME, ETC.)
Male	Jan. 1971	11:37	Marshall County Memorial Hospital
CITY, TOWN OR LOCATION OF BIRTH			
Britton			
MOTHER - LAST NAME, FIRST NAME, MIDDLE NAME			
Lorraine Alice Larson			
FATHER - LAST NAME, FIRST NAME, MIDDLE NAME			
Joseph Larson			
CITY, TOWN OR LOCATION OF HOME			
Britton			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			
South Dakota			
STREET AND NUMBER			
Yes			
AGE AT TIME OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			
North Dakota			
RELATION TO CHILD			
Mother			
DATE OF BIRTH (JULY, AUG., SEPT., OCT., NOV., DEC.)			
March 22, 1971			
CITY, TOWN OR LOCATION OF HOME			
Britton, South Dakota 57430			
DATE RECEIVED BY LOCAL REGISTRAR			
March 23, 1971			

RECEIVED

MAR 26 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

COMMERCIAL INFORMATION FOR MEDICAL AND MEDICAL USE ONLY

APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
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CONTROL COMMISSION

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input checked="" type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License (requires insert form 1) |
| <input type="checkbox"/> | Partnership License (requires insert form 2) |
| <input checked="" type="checkbox"/> | Corporate License (requires insert form 3a & 3c) |
| <input type="checkbox"/> | Limited Liability Company (requires form 3b & 3c) |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name John Hergert Phone number: 402-436-2100
Firm Name Hergert & Co

PREMISE INFORMATIONTrade Name (doing business as) SUPER C #5Street Address #1 3400 VILLAGE DRIVE

Street Address #2 _____

City Lincoln County LANCASTER Zip Code 68516Premise Telephone number 402-436-2105Is this location inside the city/village corporate limits: ☒ YES ☐ NO

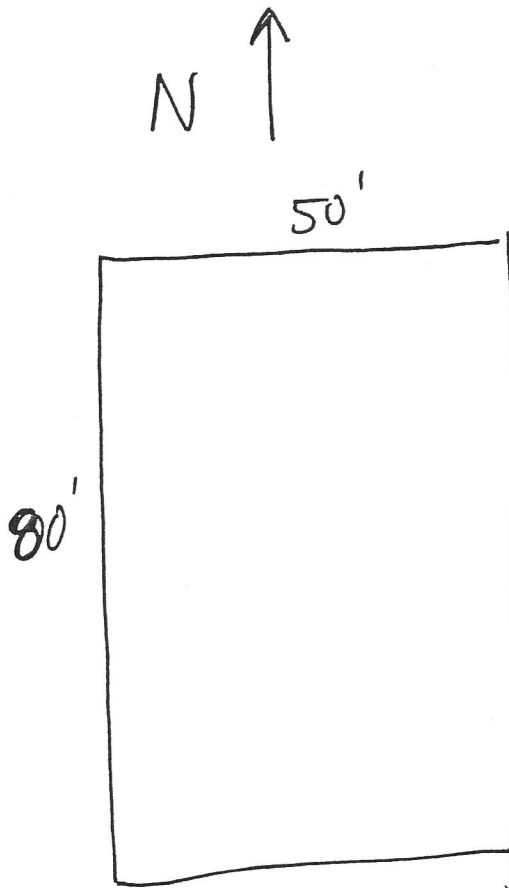
Mail address (where you want receipt of mail from the commission)

Name HERGENT OIL CO / SUPER CStreet Address #1 6221 South 58th St. Suite 'B'

Street Address #2 _____

City Lincoln County LANCASTER Zip Code 68516**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



- single story
- no basement

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

DANIEL R. HERGERT

FEB. 1973 D.U.I. probation

APRIL 1974 Being in a place where a controlled substance was being used.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender

Union Bank & Trust Lincoln Ne.

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

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NEBRASKA LIQUOR
CONTROL COMMISSION

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Union Bank & Trust Lincoln, NE

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

3202 So. 10th St
Hengert Oil Co Lincoln NE 68502 #26064 Class B / 3400 Village Dr
Hengert Oil Co Lincoln NE 68516 #26058 Class B

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Patricia Brown 50 Hrs

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

NACS T&M program / Responsible Hospitality Council Mgt Training

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date _____
☒ Deed
☐ Purchase Agreement

15. When do you intend to open for business? Already Open

16. What will be the main nature of business? C-Store

17. What are the anticipated hours of operation? 6am to midnight

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

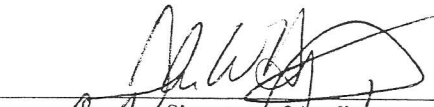
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

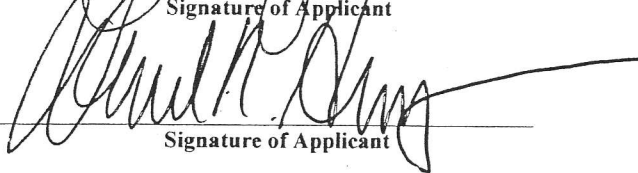
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Don Hengert 2540 Stockwell St Lincoln NE	1995	Present	Maureen Hengert 2540 Stockwell St Lincoln NE	1995	Present

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and -description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

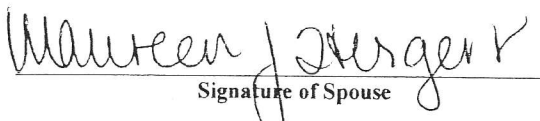
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

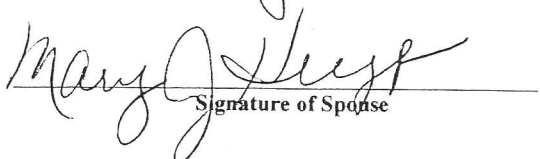
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.



Signature of Applicant


Signature of Applicant



Signature of Spouse


Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

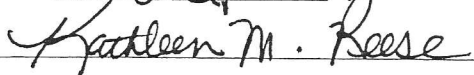
Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

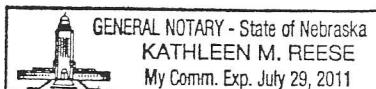
The foregoing instrument was acknowledged before me this 17th of September by



Kathleen M. Reese

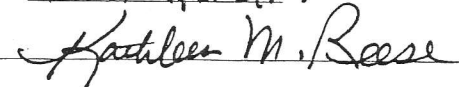
Notary Public signature

Affix Seal Here



County of Lancaster

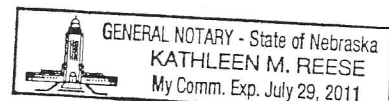
The foregoing instrument was acknowledged before me this 17th of September by



Kathleen M. Reese

Notary Public signature

Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Daniel R. Hergert

Name of Corporation that will hold license as listed on the Articles

HERGERT Oil Co.

Corporation Address: 6221 South 58th St Suite B1

City: LINCOLN State: NE Zip Code: 68516

Corporation Phone Number: 402-436-2100 Fax Number 402-436-2119

Total Number of Corporation Shares Issued: 412

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: HERGERT First Name: JOHN MI: W

Home Address: 2540 Stockwell St City: LINCOLN

State: NE Zip Code: 68502 Home Phone Number: 402-423-6644

[Signature]
Signature of president

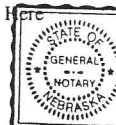
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

9-16-08 date by Daniel R Hergert name of person acknowledged

[Signature]
Notary Public signature

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DANIEL R. HERGERT
MY COMMISSION EXPIRES
May 22, 2012

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: HERGERT First Name: JOHN MI: W
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares 21
Spouse Full Name (indicate N/A if single): MAURGEN JOELLE HERGERT
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: HERGERT First Name: DANIEL MI: R
Social Security Number: _____ Date of Birth: _____
Title: C.E.O. Number of Shares 21
Spouse Full Name (indicate N/A if single): Mary Josephine Hergert
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: JANUARY Ending Date: DECEMBER

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Hengent Oil Co

Premise information

Premise License Number: (Existing License # 26050)

Premise Trade Name/DBA: SUPRA C # 5

Premise Street Address: 3400 Village Drive

City: Lincoln State: NEBRASKA Zip Code: 68516

Premise Phone Number: 402-436-2105

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

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SEP 19 2003

NEBRASKA LIQUOR
CONTROL COMMISSION
MI: 5

Gender: ☒ MALE ☐ FEMALE

Last Name: LARSON First Name: JOEL

Home Address (include PO Box if applicable): 2523 ARLENE AVE

City: LINCOLN State: NE Zip Code: 68502

Home Phone Number: 402-261-5586 Business Phone Number: 402-436-2102

Social Security Number _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Britton, SD

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: MACHADO - LARSON First Name: JESSICA
MI: L

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Lincoln, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT				SPOUSE			
CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
Lincoln, NE		1993	Present	Lincoln, NE		1977	1992
MANAGER'S LAST TWO EMPLOYERS							
YEAR FROM TO		NAME OF EMPLOYER		NAME			
1996	Present	Hergert Oil Co		Dawn Hergert		720-4100	
1993	1997	Mail Boxes Etc.		Keith Lee Bane		464-9100	

Fingerprints ON FILE

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise. *Super C*

☒ YES

☐ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

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PERSONAL OATH AND CONSENT OF INVESTIGATION

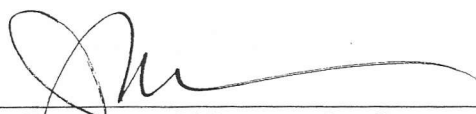
SEP 19 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant



Signature of Spouse

State of Nebraska

County of Lancaster

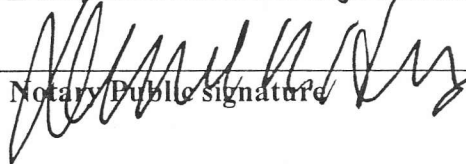
County of Lancaster

The foregoing instrument was acknowledged before me this 9-15-08 by

The foregoing instrument was acknowledged before me this 9-15-08 by

Daniel R. Hergert

Daniel R. Hergert

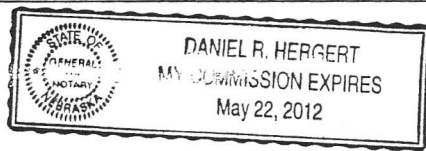


Notary Public Signature



Notary Public Signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.